



Mail or fax this form to:
UIA EB Unit
P.O. Box 169
Grand Rapids, MI 49501-0169
Fax #: 1-517-636-0427

Weekly Extended Benefits (EB) Record of Work Search

IMPORTANT: One of the requirements to be eligible for Extended Benefits (EB) is that you **must** make a systematic and sustained effort to find work for each week you are claiming EB. You must contact a minimum of 3 employers per week, and report the details and result of your work search efforts to us. You can do this by:

(1) Recording your work search efforts on this form and then mail or fax this form to the address or fax number shown above **BEFORE** you call MARVIN for the two-week period covered by this form, **OR**

(2) If you used MARVIN Online to claim Extended Benefits for the previous two week period, you must report your work search efforts on our web site at www.michigan.gov/uia, click on the link, "UIA Online Services for Unemployed Workers," and follow the instructions.

If you have any questions about this form or EB work search requirements, call us at 1-866-500-0017 (TTY customers use 1-866-366-0004) between 8:00 AM and 4:30 PM (Eastern Time) Monday through Friday. Note: The 4:30 PM time has been extended on a temporary basis to 6:00 PM.

YOUR NAME _____
(Please print your name and use black ink)

Enter Your Social Security Number
□ □ □ - □ □ - □ □ □ □

Date of Contact	Name of Employer	Employer(s) Address	Name and Title of Person Contacted	Method of Contact (In Person, Phone, Fax, Internet, Other)	Type of Work Applied For	Results (Application submitted, interview, hiring, not hiring, etc.)
First Week Ending Date _____						
Second Week Ending Date _____						

Your Certification: By signing this form, I am reporting my work searches for the week(s) shown above. The information reported on this form is true and correct to the best of my knowledge and belief. Under 18 U.S.C. Section 1001, knowingly and willfully concealing a material fact by any trick, scheme, or device or knowingly making a false statement in connection with this claim is a federal offense, punishable by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

Signature: _____ Date: _____

DELEG is an equal opportunity employer/program. Auxiliary aides, services, and other reasonable accommodations are available upon request to individuals with disabilities.

